

Form CPF M 102: Campaign Finance Report

| | Municipal Form Office of Campaign and Political Finance ITY OF CAMBRIDGE FI ECTION COMMISSION |
|---------------|-----------------------------------------------------------------------------------------------|
| (assachusetts | ELECTION A 9: 41 |

| with: or Town Clerk or Election Commission |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please print or type all information, except signatures. |
| Reporting Period Beginning January 01 2006 Ending December 31 2006 |
| Sype of report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution |
| Nancy G. Walser Committee to Elect Nancy Walser |
| School Committee Cambridge Barbara Branner |
| 335 Huron Avenue 335 Huron Ave |
| Residential Address ambridge MA 02 (38 Tel. No. (optional) Committee Mailing Address Committee Mailing Address OD (35 Tel. No. (optional) |
| 607-306-52-00 |
| SUMMARY BALANCE INFORMATION: |
| Line 1: Ending balance from previous report \$486.51 |
| Line 2: Total receipts this period (page 2, line 11) |
| Line 3: Subtotal (line 1 plus line 2) \$486.51 |
| Line 4: Total expenditures this period (page 3, line 14) \$ 137.41 |
| Line 5: Ending balance (line 3 minus line 4) \$ 349-37 |
| Line 6: Total in-kind contributions this period (page 4) \$ \(\lambda \) \(\lambda \) |
| Line 7: Total (all) outstanding liabilities (page 4) \$ 10,325.57 |
| Line 8: Name of bank(s) used Cambridge Trist |
| Carramose (1103) |
| fildavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign nance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Joseph Date Date |

| FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Affidavit of Candidate: (check 1 box only) |
| Candidate with Committee and no activity independent of the committee |
| certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign |
| finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. |
| Candidate without Committee OR Candidate with independent activity filing separate report |
| certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign injuries activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the |
| campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: 2/26/07 |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

| Date Received | Name and Residential Address (alphabetical listing required) | | ount | Occupation & Employer (for contributions of \$200 or more | |
|---------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| | | | | | |
| Line 9: | Total receipts in excess of \$50 (or listed above) | -10 | - | | |
| | Total receipts \$50 and under* (not listed above) | -0 | | with a speciment result in the second | |
| Line 11: | TOTAL RECEIPTS IN THE PERIOD | -0 | | Enter on page 1, line 2 | |

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2



Schedule E Municipal Form

Disclosure of Assets Statement

Office of Campaign and Political Finance

| File with City as Tana Ct. 1. Filesias Camaria | | | | |
|---------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|
| File with: City or Town Clerk or Election Commiss | sion | | CPF ID# | t |
| This form should be filed by | all candidates | and committees with each | vear end and each diss | solution report |
| Committee Name: Committee | | | #100 명한 경취되었다면 하면 보고 있는데 보고 있다. | eport: 12/31/0 |
| All ca | ndidates and co | ommittees must fill in Pa | art A <u>or</u> Part B. | |
| Part Ar | | | | |
| No assets* were acquired or disp | osed of by this | candidate/committee dur | ing the period covered | by this statement. |
| Part B: Assets acquired: List all assets acquave filed, list all assets. | uired since the | committee last filed this | statement. If this is the | ne first Schedule E yo |
| Asset Include year, model or other identifying information, if applicable. | Date Acquired | Present Location | Manner Acquired | Cost/Value |
| | | | | |
| 요. 이 전 시간 전환 12 시간 시간 전환 12 전환 1 | | | | |
| Assets disposed of: List all assets so Asset Include year, model or other identifying information, if applicable. | Date | nsferred during the repor Disposition to: Name and Address | Date and Manner of Disposition | this statement. Disposition Value Attach statement of how value is determined. |

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

alties of perjury:

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

| Date Paid | To Whom Paid (alphabetical listing) | To Whom Paid Address | | Amount | |
|-------------|-------------------------------------|----------------------|---------------------------------------------------------------------|----------|----|
| Jan- Dec | Cambridge That | | Bank Fees | (37 | 14 |
| Tod- | O . | | Was Denairs | with the | |
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|),), | | | | | |
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| | | | | | |
| | | | ne 12: Expenditures over \$50 ne 13: Expenditures \$50 and under | • | |
| | Enter on page 1, line 4 | | ne 14:TOTAL EXPENDITURE | | 4 |

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value | |
|------------------|-------------------------|---------------------------------|-----------------------------|-------|--|
| | | | | i Ve | |
| | | 0- | | | |
| | | | | | |
| | | | | | |
| | | Line 15: In-kind over \$50 | | | |
| | | Line 16: In-kind \$50 and under | | | |
| | Enter on page 1, line 6 | Line 17: | Line 17: Total In-kind | | |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose Vano | Amount | |
|------------------|-------------------------|-----------------------------------|------------------------------------|-----------|--|
| Dec. | Nancy Walser | 335 Hiron Are | Web Domany Fees | \$6000 | |
| Prenns | Balane B | arbera Brammy | 41 Sargent St Cambridge MA 0214 | \$500.00 | |
| Previous | Balance No | arbara Brammer incy Walser 339 | Heron Are ambridge | 9,7655 | |
| | Enter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) | 10,325.57 | |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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